

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

2.24-15

Permit #:	15-0004
Date:	6-25-15
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		Telephone:
Owner's Name: Bayfield County Forestry		Mailing Address: PO Box 445
Address of Property: State Hwy 13		City/State/Zip: Washburn WI 54814
Contractor:		Contractor Phone: WI 54814
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: SA
Agent Mailing Address (include City/State/Zip):		Plumber:
PROJECT LOCATION: Legal Description: (Use Tax Statement)		Recorded Document (i.e. Property Ownership) Volume 127 Page(s) 444-Ce
SM 1/4, SE 1/4	Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:	Lot Size Average 40
Section 15, Township S1 N, Range 5 W		Town of: Bayfield

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water						
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>						

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	<input type="checkbox"/>	with Loft	( X )	
	<input type="checkbox"/>	with a Porch	( X )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( X )	
	<input type="checkbox"/>	with a Deck	( X )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( X )	
	<input type="checkbox"/>	with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify)	( X )	
	<input type="checkbox"/>	Accessory Building (specify)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( X )	
	<input type="checkbox"/>	Rec'd for Issuance	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: 6/24/15  
(If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Attach  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_ Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
North (N) on Plot Plan  
(2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(3) Show Location of (\*): All Existing Structures on your Property  
(4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*):  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

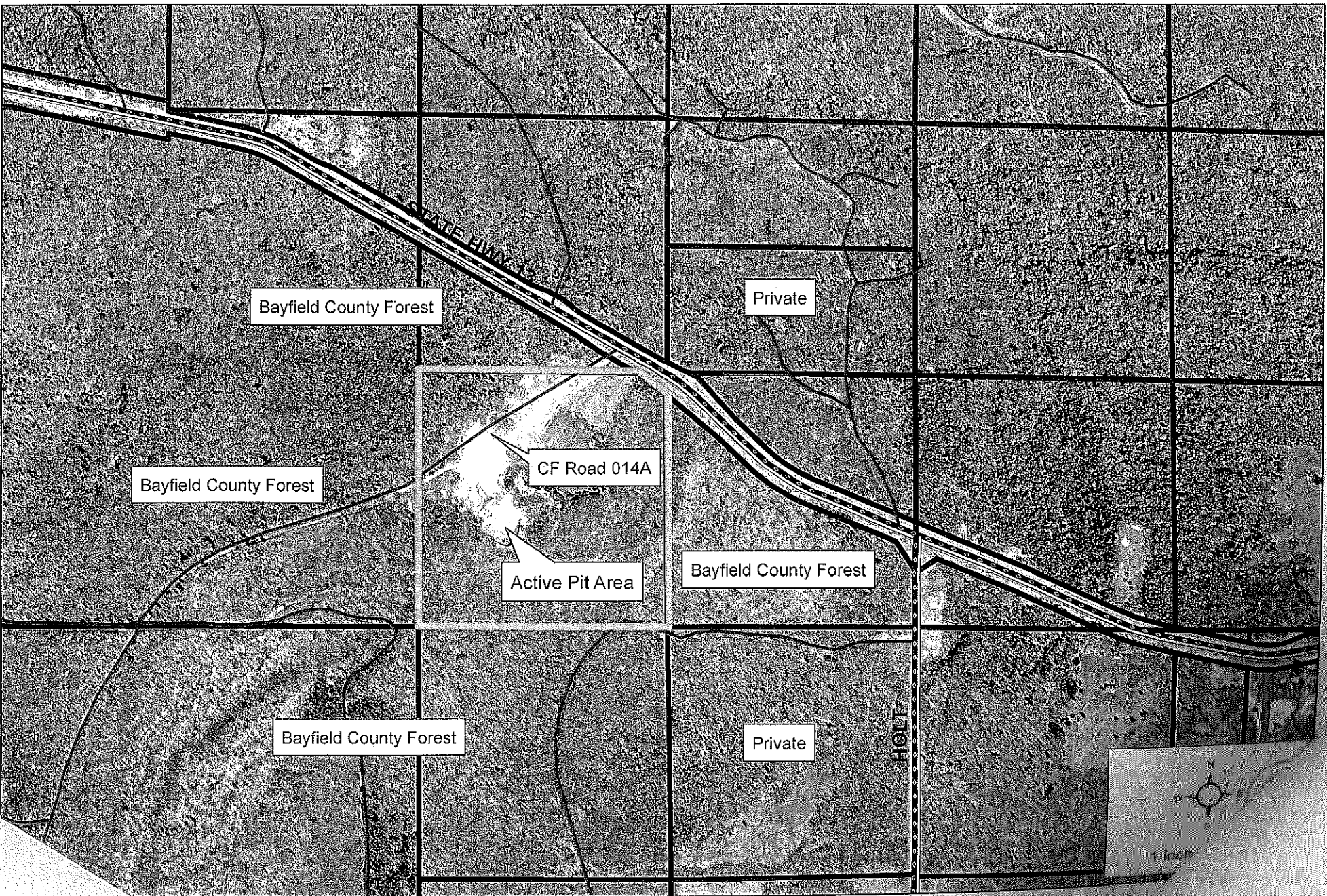
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 15-0004	Permit Date: 6-25-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Inspection Record:						
Date of Inspection: 6-22-15	Inspected by: C. O. B. B. Murphy					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.		Date of Re-Inspection: (F2) 7/12				
SEE CONDITIONS PLACED ON RECORDS AFFIDAVIT						
Signature of Inspector:		Date of Approval:				
Hold For Sanitary: <input type="checkbox"/>	Hold For Tax: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> Inspector Notes		
				Signature		



# Sand River Pit Aerial Photo and Area Extent Map



On this 2<sup>nd</sup> day of June 2015

My commission expires on: 11-27-16

Receiving approval from the Planning and Zoning Committee at the meeting does not authorize the beginning of construction or land use; you must first obtain land use application/permit card(s) from the Zoning Department.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
APR 09 2015  
Bayfield Co. Zoning Dept.

Permit #:	15-0808
Date:	6-25-15
Amount Paid:	\$297.50
Refund:	49.15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <b>Bayfield Storage LLC</b>	Mailing Address: <b>P.O. Box 174</b>	City/State/Zip: <b>Bayfield, WI 54814</b>	Telephone: <b>715-779-3615</b>
Address of Property: <b>84595 STATE HWY 13</b>		City/State/Zip: <b>Bayfield, WI 54814</b>	Cell Phone: <b>715-292-7578</b>
Contractor: <b>Bayfield Const.</b>		Contractor Phone:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION <b>SE 1/4, NE 1/4</b>		Legal Description: (Use Tax Statement) <b>2 1674 10/31</b>	PIN: (23 digits) <b>04-006-2-50-04 04-000-1260</b>
Section <b>22</b> , Township <b>50</b> N, Range <b>4</b> W		Town of: <b>Bayfield</b>	Recorded Document: (i.e. Property Ownership) Volume <b>10</b> Page(s) <b>31</b>
<input type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →		Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →		Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material <b>111,000</b>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>120'</b>	Width: <b>80'</b>	Height: <b>26'</b>
Proposed Construction:			

Proposed Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	Dimensions	Square Footage
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	Accessory Building (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Special Use: (explain) <b>Commercial Storage Building</b>	( <b>80 X 120</b> )	<b>9,600</b>
	<input type="checkbox"/>	Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/>	Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )		
Rec'd for Issuance				
JUN 25 2015				
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date 6-5-15  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 1174 Bayfield, WI 54814  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%

*Please See Attached Plans*

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	250 Feet	Setback from the River, Stream, Creek	125 Feet
Setback from the North Lot Line	50 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	120 Feet	Setback from Wetland	125 Feet
Setback from the West Lot Line	180 Feet	Setback from 20% Slope Area	1624/15 Feet
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) or New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0008	Permit Date: 6-25-15			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: NO WORK REQUIREMENTS PER ALYSSE				
Date of Inspection: 4-14-15	Inspected by: CREON BOE: MURPHY	Zoning District: RES	Lakes Classification: N/A	Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached)				
ALL PER CONDITIONS ON REZONED AFFIDAVIT				
Signature of Inspector:		Date of Approval: 6-24-15		
Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>
		INSPECTOR'S NOTES		



BAYFIELD COUNTY CERTIFIED SURVEY MAP No. 1674

LOCATED IN THE SE 1/4-NE 1/4, SECTION 22, T80N, R44W,  
TOWN OF BAYFIELD, BAYFIELD COUNTY, WISCONSIN

PATRICIA A OLSON  
BAYFIELD COUNTY, WI  
REGISTER OF DEEDS

2009R-530026

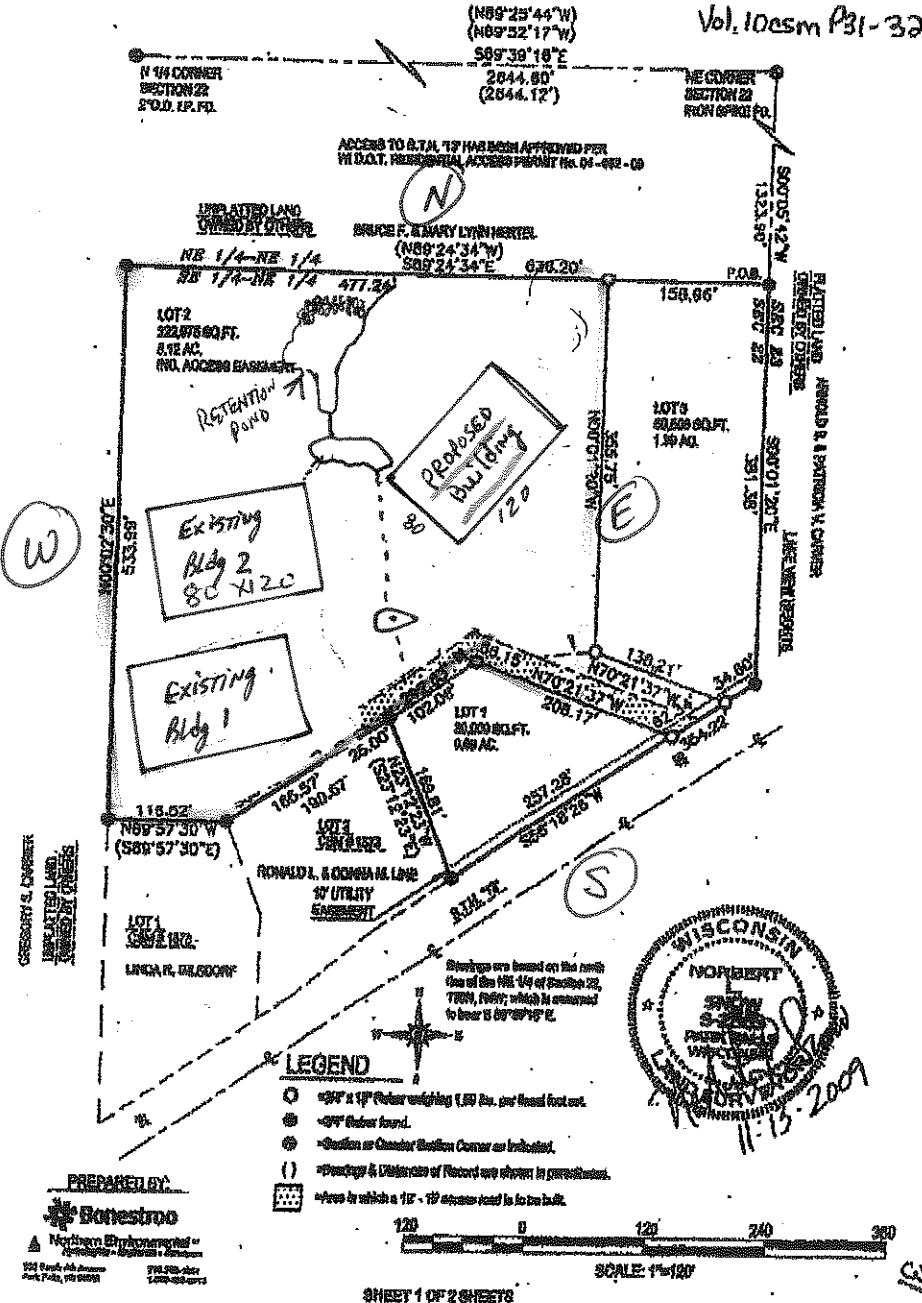
11/17/2009 02:40PM

IF SURPT #1

RECORDING FEE: 13.00

PAGES: 2

Vol. 10 csm P31-32



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

RECEIVED  
JUN 12 2015

Bayfield Co. Zoning Dept.

Permit #:	15-0823
Date:	6-30-15
Amount Paid:	\$75
Refund:	6-30-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <b>MICHAEL B. Gustafson</b>	Mailing Address: <b>P.O. Box 961 Bayfield WI 54814</b>	City/State/Zip:
Address of Property: <b>87110 State Hwy. 13</b>		City/State/Zip: <b>Bayfield, WI. 54814</b>
Contractor: <b>SELF</b>	Contractor Phone: <b>---</b>	Plumber: <b>NA</b>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>NA</b>	Agent Phone: <b>NA</b>	Agent Mailing Address (include City/State/Zip): <b>NA</b>
PROJECT Legal Description: (Use Tax Statement) <b>1/4, SE 1/4, S1/4 Hwy 13</b>	PIN: (23 digits) <b>04-000-2-50-04-01-04-000</b>	Subdivision: <b>00000</b> Document: (i.e. Property Ownership) <b>04-000</b> Page(s):
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes---Continue <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If Yes---Continue <input checked="" type="checkbox"/>	Distance Structure Is from Shoreline: <input type="checkbox"/> feet Distance Structure Is from Shoreline: <input type="checkbox"/> feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Section <b>1</b> , Township <b>50</b> N, Range <b>04</b> W	Town of: <b>Bayfield</b>	Lot Size <b>3</b> Acreage

Value at Time of Completion * include donated time & material <b>\$ 5,000.00 Est.</b>	Project <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/>	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input type="checkbox"/>	Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <b>HT</b> <input type="checkbox"/> Sanitary (Exists) Specify Type: <b>HT</b> <input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
---	---	---	---	--	--	---

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>60'</b>	Width: <b>28'</b>	Height: <b>10'</b>
Proposed Construction:	Length: <b>12'</b>	Width: <b>10'</b>	Height: <b>10'</b>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X ( )	
<input type="checkbox"/> with Loft		( ) X ( )	
<input type="checkbox"/> with a Porch		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( ) X ( )	
<input type="checkbox"/> with a Deck		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X ( )	
<input type="checkbox"/> with Attached Garage		( ) X ( )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		( ) X ( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( ) X ( )	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <b>10'x12' Entry/ Mud Room</b>		( ) X ( )	<b>180</b>
<input type="checkbox"/> Accessory Building (specify)		( ) X ( )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( ) X ( )	
<input type="checkbox"/> Rec'd for Issuance		( ) X ( )	
<input type="checkbox"/> Special Use: (explain)		( ) X ( )	
<input type="checkbox"/> Conditional Use: (explain)		( ) X ( )	
<input type="checkbox"/> Other: (explain)		( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **M. B. Gustafson** **Mardelle A. Gustafson** Date **6/16/2015**  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **Constatae P.O. Box 961 Bayfield, WI. 54814** Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

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Bayfield County  
Planning and Zoning Depart.

Washburn, WI 54891  
(715) 373-6138

**APPLICATION FOR PERMIT**

Bayfield Co. Zoning Dept.  
JUN 22 2015

**INSTRUCTIONS:** No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

HOW DO I FILL OUT  
TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

Permit #:	15-0034
Date:	10-30-15
Amount Paid:	\$100
Refund:	TRANSFERRED FROM D

Section 23, Township 50 N, Range 09 W

~~STATUS~~

Secretarial Staff

Secretariat Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) consent to county officials charged with administering county ordinances to have access to this information for the purpose of inspection.

DATE: 06/29/2017 BY: [Signature]

Owner(s): \_\_\_\_\_

Authorized Agent: \_\_\_\_\_  
\_\_\_\_\_

(If the owner's letter of authorization must accompany this application)

Address to send permit 2405 CAMPBELL DR ASHLAND OR 97520 Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

### Proposed Construction

- |                           | North (N) on Plot Plan   |
|---------------------------|--|
| (2) Show / Indicate:      | (*) <u>Driveway</u> and (*) <u>Frontage Road</u> (Name Frontage Road)                                |
| (3) Show Location of (*): | All Existing Structures on your Property   |
| (4) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show:                 | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (6) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |
| (7) Show any (*):         |  |

Twister

(8) **Setbacks:** (measured to the closest point,

Changes in plans must be approved by the Planning & Zoning Dept.

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s) of New Construction.** Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

### Library:

FOR SAFETY CONCERNS ~~THE~~ <sup>THE</sup> ~~BOARDING~~ (2) ~~LOADERS~~: (1) 8'x4' and (1) 6'x4' ARE  
@J January 2012

10/10/50